			LAKE	COUNT
			FILEDIT	K KECOK -
FORMATION REQUEST		000616	2005 JUL 2	2 AM 9:39
DLLOW INSTRUCTIONS (front and back) CA NAME PHONE OF CONTACT [optional] RETURN TO: Maine and Address)	FILING OFFICE ACCT #	000646	MICHAEL FLO	a RROWN
The Talon	Shoup			
	-	THE ABOVE SP	ACE IS FOR FILING OFFICE	USEONLY
DEBTOR NAME to be searched - insert only	y <u>one</u> debtor name (1a or 1b) - do not abbrevia		ACE IS FOR FILING OFFICE	USE ONET
1a. ORGANIZATION'S NAME Par	thership LP) 		
1b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME	SUFFIX
2b. COPY REQUEST CERTIFIE Select one of the following two options:	ED (Optional) CERTIFIED (Optional)	response that is complete, incl	uding filings that have lapsed) UNLAPSE
Record Number	Date Record Filed (if required)	Type of Record and Addition	and Identifying Information	A (if so guired)
1/ecold (Adilibe)	Date Necola Filed (in required)	Type of Record and Addition	onal identitying information	(in required)
. ADDITIONAL SERVICES:				
			Shu 1.	-21-05
. DELIVERY INSTRUCTIONS (request will be	completed and mailed to the address shown in	n item B unless otherwise instructed	Shue 7.	21-05